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2008 Tax Return(s)

Prepared for JOHN DAU FOUNDATION
PREVIOUSLY AMERICAN CARE FOR SUDAN FDN
CLIENT CODE: AME019

Account Number 784124
Release Number 2008.04040

Prepared by BONADIO & CO., LLP
171 SULLY'S TRAIL, SUITE 201
PITTSFORD, NEW YORK
14534

(585) 381-1000

Processing Date: 11/12/2009
Time: 09:34:28

**Special
Instructions**

Messages

Return Information

CAUTION

Form: Form 4562 Entity: 1

- Depreciation. Federal Form 4562 related to Form 990-EZ Page 1, was prepared but contains no current year or prior year depreciation or amortization. This may result in incomplete depreciation records and should be reviewed and corrected as necessary. Please review all depreciation input and correct as necessary. To remove this form and all associated depreciation records it will be necessary to delete the 'entity' of this version of Form 4562. (20970)

INFORMATIONAL

Form: 9 Sheet: 1 Box: 50

- Form 990-EZ. Page 4. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990-EZ in lieu of Form 1041 are instructed to complete this information. If desired, an entry on Interview Form 9, Box 50, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30103)

Form: 990-EZ Pg 3

- Form 990-EZ, Page 3, Part V, line 42b. The question regarding a financial account in a foreign country has defaulted to an answer of "No." This should be reviewed to determine if this is the correct response. If instead this question should be answered as "Yes," make an entry on Interview Form 8, Box 60 and recalculate the return. (31006)

Form: Form 4562 Entity: 1

- Depreciation. Federal Form 4562 related to Form 990-EZ Page 1, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990-EZ. However, if desired Form 4562 may be forced to print by making an entry on Interview Form DP-8, Box 37. (30144)

MEM - 11/04/09 06:34PM INTERVIEW FORM EZ-3

PROFESSIONAL FEES	22,175.00
CONTRACT SERVICES	10,193.00
	<hr/>
	32,368.00
	<hr/> <hr/>

MEM - 11/04/09 06:37PM INTERVIEW FORM EZ-3

TRAVEL	39,847.00
TRAVEL	3,933.00
	<hr/>
	43,780.00
	<hr/> <hr/>

MEM - 11/04/09 06:39PM INTERVIEW FORM EZ-3

TELECOMMUNICATIONS	22,465.00
TELEPHONE	564.00
	<hr/>
	23,029.00
	<hr/> <hr/>

2008 Return Summary

JOHN DAU FOUNDATION
PREVIOUSLY AMERICAN CARE FOR SUDAN FDN

54-2181556

FORM 990-EZ:

TOTAL REVENUE	435,026.
TOTAL EXPENSES	306,135.
EXCESS <DEFICIT>	128,891.
BEGINNING NET ASSETS	61,192.
CHANGES IN NET ASSETS	8,727.
ENDING NET ASSETS (PART I)	198,810.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	228,343.
ENDING TOTAL LIABILITIES	29,533.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PART II)	198,810.

ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PART I AND PART II	0.

Bonadio & Co., LLP
171 Sully's Trail, Suite 201
Pittsford, NY 14534
(585) 381-1000

November 5, 2009

John Dau Foundation
previously American Care for Sudan Fdn
C/O First Presbyterian church
skaneateles, NY 13152

John Dau Foundation previously American Care for Sudan Fdn:

Enclosed are the original and one copy of the 2008 Exempt
Organization returns, as follows...

2008 FORM 990-EZ

2008 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Pursuant to federal guidelines, your return may be required
to be filed electronically. Please refer to the attached
filing instructions to see if these regulations pertain to
your return and if so, the procedures required for electronic
filing.

The IRS requires that returns be made available to the public
for the previous three years. For your convenience, we have
enclosed a "Public Disclosure Copy" of your Exempt
Organization return. This is the copy which should be
provided to those who may request this information. All
confidential contributor information has been removed from
this copy.

Very Truly Yours,

Bonadio & Co., LLP

Filing Instructions

Prepared for:

John Dau Foundation
previously American Care for Sudan F
C/O First Presbyterian church
skaneateles, NY 13152

Prepared by:

Bonadio & Co., LLP
171 Sully's Trail, Suite 201
Pittsford, New York 14534

2008 FORM 990-EZ

Please sign and mail on or before November 16, 2009.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

2008 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

New York Form CHAR500 must be signed and dated by both of the authorized individuals. Also be sure that the attached copy of federal Form 990-EZ has been properly signed and dated.

Please sign and mail on or before November 16, 2009.

Mail to - New York State Department of Law
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271

Enclose a check for \$75 made payable to NYS Department of Law. Include the organization's state registration number(s) on the remittance.

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FEDERAL INFORMATIONAL FORMS

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FILEABLE FORMS

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization JOHN DAU FOUNDATION PREVIOUSLY AMERICAN CARE FOR SUDAN FDN Number and street (or P.O. box, if mail is not delivered to street address) Room/suite C/O FIRST PRESBYTERIAN CHURCH City or town, state or country, and ZIP + 4 SKANEATELES, NY 13152	D Employer identification number 54-2181556
		E Telephone number (315) 685-5048	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) _____

I Website: JOHNDAUFOUNDATION.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 435,026.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	434,095.																	
	2	Program service revenue including government fees and contracts														2																		
	3	Membership dues and assessments														3																		
	4	Investment income														4	931.																	
	5a	Gross amount from sale of assets other than inventory														5a																		
	b	Less: cost or other basis and sales expenses														5b																		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)														5c																		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																																
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)														6a																		
b	Less: direct expenses other than fundraising expenses														6b																			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														6c																			
7a	Gross sales of inventory, less returns and allowances														7a																			
b	Less: cost of goods sold														7b																			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c																			
8	Other revenue (describe _____)														8																			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														9	435,026.																		
Expenses	10	Grants and similar amounts paid (attach schedule)														10																		
	11	Benefits paid to or for members														11																		
	12	Salaries, other compensation, and employee benefits														12	4,195.																	
	13	Professional fees and other payments to independent contractors														13	32,368.																	
	14	Occupancy, rent, utilities, and maintenance														14																		
	15	Printing, publications, postage, and shipping														15																		
	16	Other expenses (describe _____ SEE STATEMENT 1)														16	269,572.																	
17	Total expenses. Add lines 10 through 16														17	306,135.																		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	128,891.																	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														19	61,192.																	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3														20	8,727.																	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21	198,810.																	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	71,468.	215,499.
23	Land and buildings	0.	
24	Other assets (describe _____ SEE STATEMENT 2)	0.	12,844.
25	Total assets	71,468.	228,343.
26	Total liabilities (describe _____ ACCOUNTS PAYABLE)	10,276.	29,533.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	61,192.	198,810.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NY		
42a	The books are in care of ▶ MR. JOHN DAU C/O JACK CAPRON Telephone no. ▶ (315) 422-7109 Located at ▶ 580 SOUTH SALINA STREET, SYRACUSE, NY ZIP + 4 ▶ 13202		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43 N/A	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

JOHN DAU FOUNDATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		93,845.	74,594.	433,232.	434,095.	1,035,766.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3		93,845.	74,594.	433,232.	434,095.	1,035,766.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						1,035,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4		93,845.	74,594.	433,232.	434,095.	1,035,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		106.	638.	577.	931.	2,252.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,038,018.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
OFFICE EXPENSE	2,170.
PROMOTIONAL	980.
TRAVEL	43,780.
INSURANCE	1,126.
MEDICAL SUPPLIES	64,942.
MEDICAL SUPPORT	90,255.
TELECOMMUNICATIONS	23,029.
EQUIPMENT AND MAINTENANCE	43,290.
TOTAL TO FORM 990-EZ, LINE 16	269,572.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	0.	950.
INVESTMENTS	0.	10,134.
OTHER DEPRECIABLE ASSETS	0.	1,760.
TOTAL TO FORM 990-EZ, LINE 24	0.	12,844.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
-------------	--	-----------	---

DESCRIPTION	AMOUNT
TRANSFER OF ASSETS	8,727.
TOTAL TO FORM 990-EZ, LINE 20	8,727.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

TO PROVIDE PRIMARY HEALTH CARE SERVICES TO THE PEOPLE OF SUDAN